

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-004

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b>  <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  Applicant Identifier State Application Identifier Federal Identifier																																				
<b>5. APPLICANT INFORMATION</b>																																						
Legal Name: The Hopi Tribe		Organizational Unit: Water Resources Program																																				
Address (give city, county, State, and zip code): P.O. Box 123 Kykotsmovi, AZ 86039		Name and telephone number of person to be contacted on matters involving this application (give area code) (520) 734-3000 Nat A. Nutongla, Director WRP John Carpenter, Director OFM																																				
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 86-0134082		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <input checked="" type="checkbox"/> A. State <input type="checkbox"/> B. County <input type="checkbox"/> C. Municipal <input type="checkbox"/> D. Township <input type="checkbox"/> E. Interstate <input type="checkbox"/> F. Intermunicipal <input type="checkbox"/> G. Special District <input type="checkbox"/> H. Independent School Dist. <input type="checkbox"/> I. State Controlled Institution of Higher Learning <input type="checkbox"/> J. Private University <input type="checkbox"/> K. Indian Tribe <input type="checkbox"/> L. Individual <input type="checkbox"/> M. Profit Organization <input type="checkbox"/> N. Other (Specify) _____																																				
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b> Environmental Protection Agency																																				
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> N/A		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Safe Drinking Water Act Tribal Set-Aside Upper/Lower Moenkopi Villages																																				
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> 03 + 06 Upper/Lower Moenkopi																																						
<b>13. PROPOSED PROJECT</b> 46103 - per A.O. Decision Memo.		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 03 + 06 b. Project 03 + 06																																				
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:20%;">1,217,000</td> <td style="width:10%;">.</td> <td style="width:10%;">00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td></td> <td>.</td> <td>00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.</td> <td>00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.</td> <td>00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.</td> <td>00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.</td> <td>00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>1,217,000</td> <td>.</td> <td>00</td> </tr> </table>		a. Federal	\$	1,217,000	.	00	b. Applicant	\$		.	00	c. State	\$		.	00	d. Local	\$		.	00	e. Other	\$		.	00	f. Program Income	\$		.	00	g. TOTAL	\$	1,217,000	.	00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: _____ DATE _____ b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	1,217,000	.	00																																		
b. Applicant	\$		.	00																																		
c. State	\$		.	00																																		
d. Local	\$		.	00																																		
e. Other	\$		.	00																																		
f. Program Income	\$		.	00																																		
g. TOTAL	\$	1,217,000	.	00																																		
<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																																						
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>																																						
a. Type Name of Authorized Representative Wayne Taylor Jr.		b. Title Chairman																																				
c. Telephone Number (520) 734-3000		d. Signature of Authorized Representative 																																				
e. Date Signed 7/16/01																																						

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Standard Form 424 (Rev. 7-97)

Prescribed by OMB Circular A-102



JUL 1 2001

GMO, PMD-7



APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Application Construction	<input type="checkbox"/> Preapplication Construction	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION		Organizational Unit	
Legal Name: The Hopi Tribe		Water Resources Program	
Address (give city, county, State, and zip code): P.O. Box 123 Kykotsmovi, AZ 86039		Name and telephone number of person to be contacted on matters involving this application (give area code) (520) 734-3000 Nat A. Nutongla, Director WRP John Carpenter, Director OFM	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 86-0134082		7. TYPE OF APPLICANT: (enter appropriate letter in box)	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: 03 + 06 Upper/Lower Moenkopi		9. NAME OF FEDERAL AGENCY: Environmental Protection Agency	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): 03 + 06 Upper/Lower Moenkopi		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Safe Drinking Water Act Tribal Set-Aside Upper/Lower Moenkopi Villages	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 09/01/01	Ending Date 6/30/04	a. Applicant 03 + 06	b. Project 03 + 06
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 1,217,000	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE	
b. Applicant	\$	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
c. State	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
d. Local	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
e. Other	\$	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
f. Program Income	\$	a. Type Name of Authorized Representative Wayne Taylor Jr.	
g. TOTAL	\$ 1,217,000	b. Title Chairman	
d. Signature of Authorized Representative Wayne Taylor Jr.		c. Telephone Number (520) 734-3000	
Previous Edition Usable Authorized for Local Reproduction		e. Date Signed 7/16/01	

8/24/01

AUG-28-01 8:47 AM HOP1 WATER RESOURCES FAX NO. 520 734 9339 P. 3

OMB Approval No. 0348-00

# BUDGET INFORMATION - Non-Construction Programs

## SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$ 1,217,000	\$	\$ 1,217,000
2.						
3.						
4.				\$ 1,217,000	\$	\$ 1,217,000
5. Totals		\$	\$			

## SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	\$	\$	\$	\$	\$ -0-
a. Personnel	-0-				-0-
b. Fringe Benefits	-0-				8,000
c. Travel	8,000				-0-
d. Equipment	-0-				4,120
e. Supplies	4,120				1,189,880
f. Contractual	1,189,880				-0-
g. Construction	-0-				15,000
h. Other	15,000				1,217,000
i. Total Direct Charges (sum of 6a-6h)	1,217,000				
j. Indirect Charges					\$ 1,217,000
k. TOTALS (sum of 6i and 6j)	\$ 1,217,000	\$	\$	\$	\$
7. Program Income	\$	\$	\$	\$	\$

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Standard Form 424A (Rev. 7)  
Prescribed by OMB Circular



## BUDGET INFORMATION - Non-Construction Programs

## SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$ 1,217,000	\$	\$ 1,217,000
2.						
3.						
4.						
5. Totals		\$	\$	\$ 1,217,000	\$	\$ 1,217,000

## SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$ -0-	\$	\$	\$	\$ -0-
b. Fringe Benefits	-0-				-0-
c. Travel	8,000				8,000
d. Equipment	-0-				-0-
e. Supplies	2,000				2,000
f. Contractual	1,189,880				1,189,880
g. Construction	-0-				-0-
h. Other	17,120				17,120
i. Total Direct Charges (sum of 6a-6h)	1,217,000				-0- 1,217,000
j. Indirect Charges					
k. TOTALS (sum of 6i and 6j)	\$ 1,217,000	\$	\$	\$	\$ 1,217,000
7. Program Income	\$	\$	\$	\$	\$

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8/24/01 - pm  
all  
16/01/01

# BUDGET INFORMATION - Non-Construction Programs

## SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		\$	\$	\$ 1,217,000	\$	\$ 1,217,000
2.						
3.						
4.				\$ 1,217,000	\$	\$ 1,217,000
5. Totals		\$	\$			

## SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
a. Personnel	\$ -0-	\$	\$	\$	\$ -0-
b. Fringe Benefits	-0-				-0-
c. Travel	8,000				8,000
d. Equipment	-0-				-0-
e. Supplies	2,000				2,000
f. Contractual	1,189,880				1,189,880
g. Construction	-0-				-0-
h. Other	17,120				17,120
i. Total Direct Charges (sum of 6a-6h)	1,217,000				1,217,000
j. Indirect Charges	7				7
k. TOTALS (sum of 6i and 6j)	\$ 1,217,000	\$	\$	\$	\$ 1,217,000
7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Set-Aside Grant Lower/Upper Moenkopi	\$	\$	\$	\$
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$ 304,250	\$ 304,250	\$ 304,250	\$ 304,250
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$	\$ 304,250	\$ 304,250	\$ 304,250	\$ 304,250

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16-19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	

### SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. <del>Set-Aside Grant Lower/Upper Moenkopi</del>	<del>\$ 1,217,000</del>	<del>\$</del>	<del>\$</del>	<del>\$ 1,217,000</del>
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$ 1,217,000	\$	\$	\$ 1,217,000

### SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$ 304,250	\$ 304,250	\$ 304,250	\$ 304,250
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$	\$ 304,250	\$ 304,250	\$ 304,250	\$ 304,250

### SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Four
16.	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16-19)	\$	\$	\$	\$

### SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	22. Indirect Charges:
23. Remarks:	



SECTION C - NON-FEDERAL RESOURCES				
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8. Set-Aside Grant Lower/Upper Moenkopi	\$ <del>1,217,000</del>	\$	\$	\$ <del>1,217,000</del>
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$ <del>1,217,000</del>	\$	\$	\$ <del>1,217,000</del>

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$ 304,250	\$ 304,250	\$ 304,250	\$ 304,250
14. Non-Federal					
15. TOTAL (sum of lines 13 and 14)	\$	\$ 304,250	\$ 304,250	\$ 304,250	\$ 304,250

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16-19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	22. Indirect Charges:
23. Remarks:	





[illegible]

SF 424B (4-88) E

Trips are scheduled to attend or participate in meetings, workshops, etc.  
In state based on a \$60/day maximum lodging and \$20/day maximum for meals.  
This line item covers the cost for expense associated with travel (ie, lodging,  
meals, airfare, taxi fare, car rental, mileage, and other related expenses.)



Water Total Program Costs, i.e., Federal and Non-Federal Funds Combined

(Attach Separate Sheet(s) if necessary)

## Object Class Categories

d. Equipment:  
(1) List each item costing \$5,000 or more to be purchased for this project:

SUB-TOTAL

0.00

(2) List items costing less than \$5,000. You may list the items by groups, as appropriate.

SUB-TOTAL

0.00

COMBINED EQUIPMENT TOTAL

0.00

c. Supplies: List by groups, as appropriate.

Purchase of general office supplies such as pen, pencils, note pads, recorder, tapes, batteries, xerox paper and etc.

Purchase of small construction tools. Purchase of software that will pertain to the project.

**SUPPLIES TOTAL**

4/1/25

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per Umberto

revised 8/28/01

2

## BUDGET CATEGORIES INFORMATION (FROM SF424A, SECTION B TOTALS)

Enter Total Program Costs, i.e., Federal and Non-Federal Funds Combined

(Attach Separate Sheet(s) if necessary)

## Object Class Categories

## d. Equipment:

(1) List each item costing \$5,000 or more to be purchased for this project:

SUB-TOTAL

0.00

(2) List items costing less than \$5,000. You may list the items by groups, as appropriate.

SUB-TOTAL

0.00

COMBINED EQUIPMENT TOTAL

0.00

## e. Supplies: List by groups, as appropriate.

Purchase of general office supplies such as pen, pencils, note pads,  
recorder, tapes, batteries, xerox paper and etc.

SUPPLIES TOTAL 2,000 0.00

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Enter Total Program Costs, i.e., Federal and Non-Federal Funds Combined  
(Attach Separate Sheet(s) if necessary)

## Object Class Categories

f. **CONTRACTUAL:** List each planned contract separately, type of services to be procured, proposed procurement method (i.e. small purchase, formal advertising, competitive negotiations or non-competitive negotiations) and the estimated cost. Also, please indicate if the proposed contract performance period will go beyond the budget period of assistance for which this application is submitted.

Well \$500,000

Piping cost \$425,985

Chlorination system &amp; miscellaneous \$130,000

Construction change orders @ 5% of construction \$51,895

Engineering and design \$82,000

\*\*\* Competitive bid proposals required

COMBINED CONTRACTUAL TOTAL \$1,189,880

g. CONSTRUCTION (N/A)

h. **OTHER:** Explain by major categories any items not included in above standard budget categories. Caution: Do not include or proposed as a direct project cost, any cost that is indirect in nature (see OMB Circular A-87) or is included in the indirect cost pool on which the indirect cost rate (item i) is based.

Gas, Oil &amp; lube \$4,000

*Gas, oil & lube to support water resources program staff travel to and from the construction site.*

Printing &amp; Binding \$3,000

Postage \$2,000

Training &amp; seminar \$6,000

*Registration fee for construction standard for three water resources technicians.*

OTHER TOTAL \$15,000

i. TOTAL DIRECT CHARGES: (Sum of Items a. through h.)

type →

\$1,217,000

j. INDIRECT COSTS: (Attach a copy of your latest indirect cost agreement)

\$

k. TOTAL PROPOSED PROGRAM COSTS (Sum of Items i. and j.)

\$1,217,000

SHARE: FEDERAL % GRANTEE %

Enter Total Program Costs, i.e., Federal and Non-Federal Funds Combined  
(Attach Separate Sheet(s) if necessary)

## Object Class Categories

f. **CONTRACTUAL:** List each planned contract separately, type of services to be procured, proposed procurement method (i.e. small purchase, formal advertising, competitive negotiations or non-competitive negotiations) and the estimated cost. Also, please indicate if the proposed contract performance period will go beyond the budget period of assistance for which this application is submitted.

Well \$500,000

Piping cost \$425,985

Chlorination system &amp; miscellaneous \$130,000

Construction change orders @ 5% of construction \$51,895

Engineering and design \$82,000

COMBINED CONTRACTUAL TOTAL \$1,189,880

g. **CONSTRUCTION (N/A)**

h. **OTHER:** Explain by major categories any items not included in above standard budget categories. Caution: Do not include or proposed as a direct project cost, any cost that is indirect in nature (see OMB Circular A-87) or is included in the indirect cost pool on which the indirect cost rate (item i) is based.

Gas, Oil & lube \$4,000 *Purchase of gas for Water Resources Program Staff to drive site the construction Program will use program vehicle*

Printing & Binding \$3,000 *Binding of final reports of the whole project*

Postage \$2,000

Training & seminar \$6,000 *Registration fee for construction training which will be held at Las Vegas, NV. Training for the three technicians*

General operating supplies \$2,120 *Purchase of general which are not*

*considered as office supply. Such as small tools need for the construction all tools are under \$500.00.*

OTHER TOTAL \$17,120

i. **TOTAL DIRECT CHARGES:** (Sum of Items a. through h.)

\$1,217,000

j. **INDIRECT COSTS:** (Attach a copy of your latest indirect cost agreement)

\$

k. **TOTAL PROPOSED PROGRAM COSTS** (Sum of Items i. and j.)

\$1,217,000

SHARE: FEDERAL % GRANTEE %



Object Class Categories

f.	CONTRACTUAL: List each planned contract separately, type of services to be procured, proposed procurement method (i.e. small purchase, formal advertising, competitive negotiations or non-competitive negotiations) and the estimated cost. Also, please indicate if the proposed contract performance period will go beyond the budget period of assistance for which this application is submitted.	
	Well \$500,000	
	Piping cost \$425,985	
	Chlorination system & miscellaneous \$130,000	
	Construction change orders @ 5% of construction \$51,895	
	Engineering and design \$82,000	
	COMBINED CONTRACTUAL TOTAL	\$1,189,880
g.	CONSTRUCTION (N/A)	
h.	OTHER: Explain by major categories any items not included in above standard budget categories. Caution: Do not include or proposed as a direct project cost, any cost that is indirect in nature (see OMB Circular A-87) or is included in the indirect cost pool on which the indirect cost rate (item i) is based.	
	Gas, Oil & lube \$4,000	
	Printing & Binding \$3,000	
	Postage \$2,000	
	Training & seminar \$6,000	
	General operating supplies \$2,120	
	OTHER TOTAL	\$17,120
i.	TOTAL DIRECT CHARGES: (Sum of Items a. through h.)	\$1,217,000
j.	INDIRECT COSTS: (Attach a copy of your latest indirect cost agreement)	\$
k.	TOTAL PROPOSED PROGRAM COSTS (Sum of Items i. and j.)	\$1,217,000
	SHARE: FEDERAL % GRANTEE %	